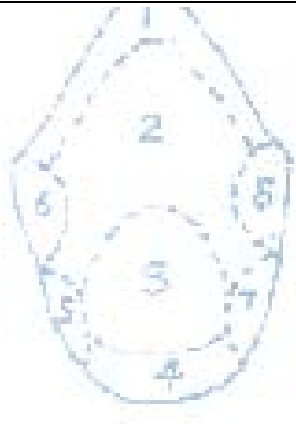


Density	<input type="checkbox"/> All Around	<input type="checkbox"/> 2, Medium		
		<input type="checkbox"/> 3, Heavy		
Baby Hair in Front	<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO			
Width of Lace Fronts				
<input type="checkbox"/> 1, 1/8" <input type="checkbox"/> 2, 1/4" <input type="checkbox"/> 3, 1/2" <input type="checkbox"/> 4, 3/4" <input type="checkbox"/> 5, 1" <input type="checkbox"/> 6, other ____"				
Base Color				
<input type="checkbox"/> 1. flesh <input type="checkbox"/> 2. black <input type="checkbox"/> 3. brown <input type="checkbox"/> 4. transparent <input type="checkbox"/> 5. other				
E-mail: pradip_basak2001@yahoo.com			<input type="checkbox"/> 1, Imprint Name & Date <input type="checkbox"/> 2, Enclose Extra Hair	

